

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3		/		/		/	53						
4		/		/		/	54						
5		4					55						
6		0					56						
7		0					57						
8		0					58						
9		0					59						
10		0					60						
11		0					61						
12		0					62						
13		0					63						
14		0					64						
15		0					65						
16		0					66						
17		0					67						
18		0					68						
19		0					69						
20		0					70						
21						/	71						
22						/	72						
23						/	73						
24						/	74						
25						/	75						
26						/	76						
27						/	77						
28						/	78						
29						/	79						
30						/	80						
31						/	81						
32						/	82						
33						/	83						
34						/	84						
35						/	85						
36						/	86						
37						/	87						
38						/	88						
39						/	89						
40						/	90						
41						/	91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.					1		TOTAL IND.						
TOTAL DEP.					19		TOTAL DEP.						
TOTAL CLAIMS					20		TOTAL CLAIMS						